

Kentucky Citizen Foster Care Review Board 2018 Initial Training Registration Form

CFCRB Initial Training, Working for Kentucky's Future...Our Children

Individuals interested in volunteering must consent to a criminal records and Central Registry checks, and complete this six-hour initial training session. Once training is completed, a recommendation is made to the chief judge of the local District Court or Family Court for Appointment. Judges appoint volunteers for three-year terms. The initial training session topics are: CHFS and Department of Community Based Services processes, court processes, dependency, neglect and abuse case forms, process for conducting a review and mental health issues children face in out-of-home care.

Please complete this form, the volunteer application, the AOC Criminal History and the Central Registry Check when registering. On the day of the training, registration starts at 8:30 a.m. The training session is from 9:00 a.m. to 4:00 p.m. at all locations. You may review the training materials at <https://vimeo.com/60456011>. This is a two-hour instructional video covering the training topics.

E-Mail all forms to: CFCRB@kycourts.net

Fax all forms to: 502-782-8705

Mail all forms to: Administrative Office of the Courts, Family and Juvenile Services C/O CFCRB
1001 Vandalay Drive, Frankfort, KY 40601

Please type or print clearly:

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ Cell: _____ - _____

Special Needs/Requests: _____

(If you need special accommodations for health/personal accessibility, specific health needs, including the need for an interpreter, please indicate above)

Please check the box of the initial training you wish to attend:

- | | | |
|--------------------------|--------------------|----------------------------|
| <input type="checkbox"/> | June 22, 2018 | Christian, Hopkinsville KY |
| <input type="checkbox"/> | July 13, 2018 | Perry, Hazard KY |
| <input type="checkbox"/> | July 27, 2018 | Boone, Florence KY |
| <input type="checkbox"/> | August 3, 2018 | Jefferson, Louisville KY |
| <input type="checkbox"/> | August 17, 2018 | Rowan, Morehead KY |
| <input type="checkbox"/> | September 21, 2018 | Hardin, Elizabethtown KY |
| <input type="checkbox"/> | September 28, 2018 | Fayette, Lexington KY |

Lunch: On your own.

Confirmation: You will receive a confirmation of attendance, once your two records checks have cleared. Location of the training and directions will be sent along with your confirmation.

Please Note: Initial training registration includes all training materials and **does not include lunch**. You may review the training materials at <https://vimeo.com/60456011>. This is a two-hour instructional video covering the training topics.

Thank you for your registration!



**KENTUCKY CITIZEN FOSTER CARE
REVIEW BOARD
VOLUNTEER APPLICATION**

Date Reviewed: _____

Date CAN Check: _____

Date Record Checked: _____

Date Trained: _____

Date Appointed: _____

NAME: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP: _____

WORK : _____ HOME: _____ CELL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

COUNTY IN WHICH YOU WISH TO SERVE: _____

CURRENT EMPLOYER: _____ FROM: _____ TO: _____

OCCUPATION: _____

VOLUNTEER EXPERIENCE: _____

The following questions are used to select a local board that is representative of the community. Answering them is optional.

RACE: <input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> MALE	FAMILY INCOME: <input type="checkbox"/> LESS THAN \$25,000
<input type="checkbox"/> ASIAN	<input type="checkbox"/> FEMALE	<input type="checkbox"/> \$25,001-\$40,000
<input type="checkbox"/> AFRICAN AMERICAN		<input type="checkbox"/> \$40,001-\$65,000
<input type="checkbox"/> OTHER	MARITAL STATUS:	<input type="checkbox"/> OVER \$65,000
HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SINGLE	
	<input type="checkbox"/> MARRIED	

HIGHEST LEVEL OF EDUCATION COMPLETED: _____ HIGH SCHOOL
_____ BACHELORS DEGREE
_____ MASTERS DEGREE
_____ DOCTORATE

ARE YOU OR HAVE YOU BEEN A FOSTER PARENT? NO PRESENTLY AM FORMERLY WAS

ARE YOU AN ADOPTIVE PARENT? YES NO

HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY LAW (OTHER THAN TRAFFIC OFFENSES) OR ARE ANY LEGAL CHARGES PENDING AGAINST YOU?(Criminal record checks will be conducted) YES NO

IF YES, PLEASE LIST THE DATE, OFFENSE, DISPOSITION AND ANY CIRCUMSTANCES? _____

HAVE YOU EVER HAD A SUBSTANTIATION OF CHILD ABUSE OR NEGLECT?(Central Registry Checks will be conducted) YES NO

IF YES PLEASE LIST THE DATE AND CIRCUMSTANCES? _____

ARE YOU AN EMPLOYEE OF THE CABINET FOR HEALTH AND FAMILY SERVICES (CHFS)? YES NO

EMPLOYEES OF THE CABINET ARE PROHIBITED FROM SERVING ON THE CITIZEN FOSTER CARE REVIEW BOARDS. LIKEWISE, BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST CANNOT PARTICIPATE IN SUCH REVIEWS. PLEASE DESCRIBE THE NATURE OF ANY OF YOUR CURRENT OR PREVIOUS CONTACTS WITH CHFS AND ANY POTENTIAL CONFLICT(S) OF INTEREST? _____

MARK THE DAYS AND TIMES THAT YOU ARE AVAILABLE TO ATTEND REVIEW BOARD MEETINGS.

<input type="checkbox"/> MONDAY	<input type="checkbox"/> MORNING
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> AFTERNOON
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> EVENING (AFTER 4:30 P.M.)
<input type="checkbox"/> THURSDAY	
<input type="checkbox"/> FRIDAY	

WHAT ARE YOUR REASONS FOR WANTING TO SERVE ON THE REVIEW BOARD? _____

HOW DID YOU HEAR ABOUT THE CITIZEN FOSTER CARE REVIEW BOARD PROGRAM? _____

ALL VOLUNTEERS MUST COMPLETE AN INITIAL SIX HOUR TRAINING SESSION BEFORE REVIEWING CASES. PLEASE INDICATE WHICH DATES AND TIMES ARE MOST CONVENIENT FOR YOU.

WEEKDAYS _____

WEEKENDS _____

THE CHFS FILE INFORMATION PERTAINING TO CHILDREN IN FOSTER CARE IS CONFIDENTIAL. AS A VOLUNTEER, YOU ARE REQUIRED TO TAKE AN OATH TO KEEP CONFIDENTIAL THE INFORMATION REVIEWED BY THE BOARD AND ITS ACTIONS AND RECOMMENDATIONS IN INDIVIDUAL CASES. VIOLATION OF THIS OATH WILL SUBJECT YOU TO PROSECUTION FOR THE MISDEMEANOR OFFENSE OF OFFICIAL MISCONDUCT OR FELONY OFFENSE OF MISUSE OF CONFIDENTIAL INFORMATION. AS A VOLUNTEER YOU ARE REQUIRED TO ATTEND THE SIX HOUR TRAINING SESSION. YOUR SIGNATURE BELOW INDICATES THAT YOU AGREE TO THESE REQUIREMENTS.

SIGNATURE

DATE

Please complete the application and Central Registry Check. Return to:

Citizen Foster Care Review Board Program
Administrative Office of the Courts
1001 Vandalay Drive
Frankfort, KY 40601

**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$20.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (**check or money order**).

Government

Government entities must provide a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

Date

Tax Exempt Number

E-mail address (sent to this e-mail only)

Company

Telephone Number

Requestor/Contact Person

Please denote which purpose applies to this request:

Address

Employment

Criminal Investigation

Screening Housing Applicants

Volunteer/Care over Juvenile

Licensing

Other (please explain) _____

City, State, Zip

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ~~Child Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)~~
- ~~Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300) (Institution/Group Home/Emergency/Wilderness)~~
- ~~Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)~~
- ~~Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)~~
- ~~Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)~~
- ~~Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)~~
- ~~Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)~~

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

Citizen Foster Care Review Board (CFCRB) / MOU with AOC for a 10-day return

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname) (last)

Sex: ___ Race: _____ Date of Birth: _____ Social Security #: _____

Date of Initial Hire: _____

Present Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment. Mail check or money order and this completed form to:

**Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

Witness

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY:

Administrative Office of the Courts
Department of Family and Juvenile Services
1001 Vandalay Drive
Frankfort, KY 40601
ATTN: Michele L. Owens, Administrative Support
Micheleowens@kycourts.net
(502)573-2350, extension 50524
FAX #(502)782-8705

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

- No reportable incident found in accordance with 922 KAR 1:470
- Substantiated child abuse found on the registry Date of substantiated finding: _____
- Substantiated child neglect found on the registry Date of substantiated finding: _____
- The substantiated abuse or neglect findings relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination or parental rights Yes No
- A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____

BY _____

DPP-156

(R. 1/18)

922 KAR 1:470

Registration Check List

The following forms will need to be mailed to the Administrative Office of the Courts to start your registration process:

- CFCRB Initial Training Registration Form,
- AOC-CFCRB-8 Kentucky Citizen Foster Care Review Board Volunteer Application,
- AOC-RU-004 Administrative Office of the Courts Record Check Form (Fee Waived),
- DPP-156 Central Registry Check (Fee Waived).

Please mail the above listed forms to: Administrative Office of the Courts
Family and Juvenile Services C/O CFCRB
1001 Vandalay Drive
Frankfort, Kentucky 40601

(Do not send check or money order all fees are waived for this training.)

Forms can be faxed to 502-782-8705.

For questions or concerns you may reach us at 1-800-928-2350 or at CFCRB@KYCOURTS.NET .

An over view of the training can be accessed via video at <http://vimeo.com/60456011> .